

F. Provide any documentation or evidence requested by the Medicaid office or by federal reviewers.

G. Maintain individual applicant files and individual assessment forms and related documentation on each resident for whom an admission review, MI screening or MR screening was performed.

H. Participate in and respond, as necessary, to HHS regarding inquiry relating to admission review and screening.

I. Monitor the admission and preadmission screening program.

J. Establish written monitoring standards, methods and procedures which include at least the procedures which are specified in the Medicaid monitoring plan.

K. Prepare and submit written reports of monitoring findings to the Medicaid Program Development Office.

L. Enforce corrective action, when necessary.

M. Provide to admission review staff and providers policy manuals, training and policy interpretation.

N. Prepare and provide report data as needed and requested to respond to inquiries concerning the admission review and preadmission screening program.

III. Exchange of Information:

Exchange of information between the programs, at the district or program office level, will be effected through an established referral procedure, through joint

consultation, through exchange of social, medical summaries and pertinent correspondence; and forms devised for purposes of exchange of specific information.

V. Funding:

Funding and financial participation shall be earned by the Aging and Adult Services Program through the Title XIX (Medicaid) program funding.

VI. Effective Period of Agreement:

This agreement by and between the Medicaid Office and the Aging and Adult Services Program Office will be effective on the date of signature and shall continue in full force and effect until otherwise revised in writing and signed by both parties or cancelled by any one of the two parties upon written notice at least ninety (90) days prior to the proposed termination date.

STATE OF FLORIDA

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

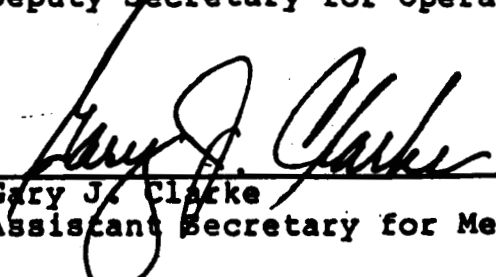
2/2/90
Date


Robert B. Williams
Deputy Secretary for Programs

12/3/90
Date


Peter M. Digre
Deputy Secretary for Operations

1/18/90
Date


Gary J. Clarke
Assistant Secretary for Medicaid

1/31/90
Date


Larry Polivka
Assistant Secretary for Aging
and Adult Services

**STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES**

**AGREEMENT BETWEEN THE
OFFICE OF THE ASSISTANT SECRETARY FOR MEDICAID
AND THE
DEPARTMENT OF EDUCATION**

The Medicaid Office is designated as the administering office for the Title XIX (Medicaid) program in the state of Florida. The Department of Education (DOE) is responsible for administering the Nursing Assistant Certification Program and maintaining the nurse aide registry. Therefore, the offices agree to the following:

I. The Medicaid Office will:

- A. Provide technical assistance and consultation to DOE.**
- B. Review DOE policies and procedures to ensure compliance with Medicaid state and federal rules and regulations.**
- C. Ensure Title XIX funding to DOE for activities related to the nurse aide registry.**

II. The Department of Education will:

- A. Administer the Nursing Assistant Certification Program.**
- B. Ensure that the nurse aide training and competency evaluation program meets the minimum requirements for hours of training, qualifications of instructors, appropriate curriculum, and performance training as specified in 42 CFR 483.152.**
- C. Ensure that the nurse aide competency evaluation program meets the minimum requirements specified in 42 CFR 483.152(b) and 483.154.**
- D. Maintain the nurse aide registry as specified in 42 CFR 483.156 that details the registry requirements, operation, content, and disclosure of information.**

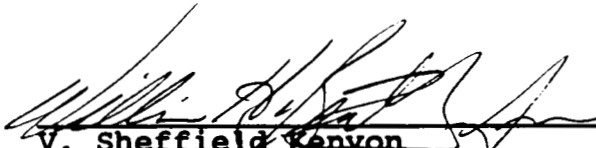
Amendment 92-12
Effective 1/1/92
Supersedes NEW
Approved 4-27-92

- E. Maintain documentation of all costs claimed under Title XIX to fully justify expenditures. DOE agrees to furnish, upon request, such information to be reviewed by the Health Care Financing Administration (HCFA), the department, and state auditors.

II. Funding

Funding shall be earned by the Department of Education through the Title XIX (Medicaid) program. Costs for staff are allocated to Medicaid based on the actual percentages of time spent performing activities related to the nurse aide registry. Costs related to expenses, travel and systems costs are directly charged to the Medicaid program.


12/26/91
Date


V. Sheffield Kenyon
Deputy Secretary for Human Services

12/19/91
Date


Gary J. Clarke
Assistant Secretary for Medicaid

12/10/91
Date


Robert S. Howell
Director, Division of Vocational
Adult & Community Education

MEMORANDUM OF INTERAGENCY AGREEMENT BETWEEN
THE FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
AND
THE FLORIDA DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY

THIS AGREEMENT is entered into by and between the Florida Department of Health and Rehabilitative Services ("DHRS") and the Florida Department of Labor and Employment Security ("DLES") in order to assist in the identification of Medicaid-eligible individuals listed in the DLES accident records by authorizing the exchange of computerized records for comparison;

WHEREAS, DHRS and DLES, two agencies of the State of Florida, are desirous of entering into this agreement in order to facilitate the identification of Medicaid-eligible individuals listed in the DLES records for the purpose of identifying potential third party reimbursers of the State Medicaid program pursuant to Section 409.910, Florida Statutes and Section 1902(a)(25) of the Social Security Act (42 U.S.C. §1396a(a)(25));

WHEREAS, the Florida state plan for medical assistance, implemented pursuant to 42 USC Section 1902(a)(25) of the Social Security Act charges DHRS with the responsibility of seeking out all potential sources of third party liability for recovery of reimbursements for the state and federal governments pursuant to the Medicaid program; and

Amendment 92-47
Effective 7/1/92
Supersedes NEW
Approved 10-13-92

WHEREAS, the Federal regulations codified at 42 CFR 433.133(d)(4) require the Medicaid program administered in Florida by DHRS, to the extent possible, to conduct data exchanges with state agencies maintaining Industrial Accident Commission files;

NOW THEREFORE, in consideration of the above premises and the mutual promises contained herein, DHRS and DLES agree to the following terms and conditions:

1. DHRS will submit to DLES a request for specified data pertaining to work-related injuries on a quarterly basis. Such request will be made in writing by authorized employees of the Office of Medicaid Third Party Liability.
2. DLES will, upon request, provide authorized computer tapes or cassettes of data pertaining to work-related injuries to the appropriate individual within 30 days of the written request. The tape(s) or cassette(s) furnished to DHRS will be fixed-block and fixed-record length format, in the record layout used by DLES.
3. DLES may request reimbursement for the actual reasonable cost of production necessitated by this agreement, in accordance with Section 119.07, Florida Statutes.

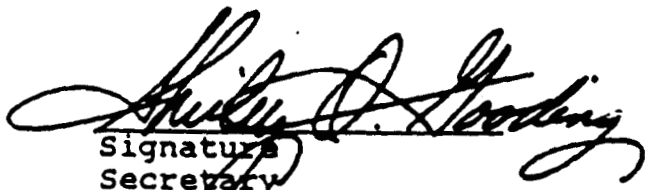
4. DHRS or its fiscal agent will write application software for the production of a system to perform the cross-match of all individual Medicaid eligibility records to records received from DLES on a quarterly basis.


5. DHRS, through its fiscal agent, will perform the cross-match and will subsequently return the original computer tape(s) or cassette(s) to DLES.

6. The use or disclosure of information concerning applicants or recipients of medical assistance is subject to the limitations of 42 CFR Sections 431.300 and 431.304 confidentiality provisions. In addition, information contained in the DLES report shall not be used or disclosed in any manner that would violate the terms of this agreement.

7. This agreement will remain in force and effect until cancelled by mutual consent of both parties or cancellation by either party after having given written notice to the other party at least ninety (90) days prior to the intended termination date.

AGREED TO THIS 9th DAY OF August, 1992.


Signature
Secretary
Department of Labor and
Employment Security


Signature
Secretary
Department of Health and
Rehabilitative Services

**MEMORANDUM OF AGREEMENT
between
the State Health Office
and
the Medicaid Program Office**

The Medicaid office is designated as the administering agency for the Title XIX (Medicaid) Program in the State of Florida. The State Health Office is responsible for administering the Healthy Start Initiative as defined in the Healthy Start Act of 1991 and specifically selecting and administering prenatal and infant health care coalitions.

The purpose of the Healthy Start Initiative is to assure that Medicaid pregnant women and infants have access to prenatal and infant care through local development of coordinated systems of care. A local Healthy Start coalition will be the agency under contract with the department to coordinate and develop the system of care. The coalition consists of a broad base of community organizations and agencies, both public and private, as well as health care providers and client advocates that have an active interest in maternal and child health.

The State Health Office is responsible for the following:

1. Select local coalitions through a competitive selection process.
2. Prepare contracts with selected coalitions detailing the required work products and time frames.
3. Ensure that the coalitions develop coordinated systems of care and perform the following functions:
 - a. Assess community service area (i.e., demographics, estimate of numbers eligible, location of groups).
 - b. Develop resource inventories of service area.
 - c. Determine components of local provider networks and recruit a network of providers.
 - d. Identify at risk groups.
 - e. Identify unmet service needs.
 - f. Identify barriers to care (e.g. access to affordable care, provider availability, acceptance of Medicaid reimbursement, Medicaid eligibility)
 - g. Develop outreach programs to identify and intervene with patients early in their care.
 - h. Develop outcome objectives.
 - i. Develop prenatal and infant health care services plans that will lead to coordinated systems of care.
 - j. Allocate other funding resources to providers.
 - k. Implement the health care services plans.

Amendment 92-49
Effective 9/3/92
Supersedes NEW
Approved 10-16-92

1. Monitor service delivery, and implement a quality management program.
4. Identify state funding resources in the State Health Office budget for coalitions to allocate to providers for providing non-Medicaid covered services.
5. Assure that local agencies including HRS County Public Health Units (CPHUs), district offices and other parties remain informed and participate in these coordinated systems of care.
6. Serve as contract manager and monitor contracts to assure that stated deliverables are provided and established objectives are met. This will be done through quarterly reporting by the coalitions throughout the contract year, site visits by State Health Office staff, attendance at coalition meetings, and quarterly meetings of coalitions.
7. Provide training and technical assistance to coalitions as needed to assist in compliance with contract provisions and facilitate development of coordinated systems of care.

The Medicaid Program Office is responsible for the following:

1. Provide training and technical assistance to coalitions on Medicaid programs and policies.
2. Provide to the coalitions information regarding Medicaid providers as required for conducting community assessment.
3. Assist the State Health Office in monitoring the coalition contracts.
4. Assist coalitions in efforts to develop a comprehensive provider network that serves indigent clients.
5. Actively recruit providers to participate in the Medicaid program.
6. Provide information regarding Healthy Start to recipients and providers as necessary to assure an understanding of the program and to encourage acceptance and active participation.

TN No.	<u>92-49</u>	DATE/RECEIPT	<u>9-21-92</u>
	SUPERSEDES	DATE/RECEIPT	<u>10-16-92</u>
TN No.	<u>NEW</u>	DATE/RECEIPT	<u>9-3-92</u>